



**STATE OF HAWAII  
CAMPAIGN SPENDING  
ORGANIZATION  
CANDIDATE CO**

Post-it* Fax No. 7671	Date 4/5/99	# of pages 1
To X MCD	From CSC	
Co./Dept. # 4594	Co.	
Phone #	Phone # 586-0285	
Fax # 202/219-3923	Fax # 586-0288	

**APR 5 5 38 PM '99**

EASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS ON THE BACK)

**CANDIDATE AND CANDIDATE COMMITTEE:**

Candidate Name: Frank F. Fasi

Committee Name: Friends for Fasi

Mailing Address: 401 Waiakamilo Rd #201

Hon. 96817

Phone: (Bus) 847-3274 (Res)

E-mail Address: \_\_\_\_\_

Office Sought: Governor

District/Country: \_\_\_\_\_

Party Affiliation: Republican Party of Hawaii

Headquarter's Address: 401 Waiakamilo Rd #201

Hon. 96817

Headquarter's Phone: (808) 847-3274

**7. THIS REPORT IS FILED FOR THE FOLLOWING PURPOSE:**

(Check One Box)

- (a) ☐ Registration of New Committee
- (b) ☒ Registration of Continuing Committee
- (c) ☐ Amended

An amended report is due 10 days after a change is brought to the attention of the candidate or candidate committee.

**8. COMMITTEE DEPOSITORY (Bank):**

- (a) Depository Name: Bank of Hawaii
- (b) Address: P O Box 2900
- Hon 96846-0001
- (c) Account Number: 01-041525 ☐ Savings ☒ Checking
- (d) List and attach all additional Depository accounts.

**DESIGNATED OFFICERS:**

**CHAIRPERSON (Required)**

Full Name: Iwao Yokooji

Mailing Address: 41-745 Kaulukau

Waimanalo 96795

Phone: (Bus) 847-3274 (Res)

I hereby accept this appointment as Chairperson.

Sign & Date: [Signature] 8/20/98

**10. TREASURER (Required)**

Full Name: William Rose

Mailing Address: 2711 Anuenue

Hon 96822

Phone: (Bus) 847-3274 (Res)

I hereby accept this appointment as Treasurer.

Sign & Date: [Signature] 8/20/98

**1. DEPUTY CHAIRPERSON**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (Bus) \_\_\_\_\_ (Res) \_\_\_\_\_

**12. DEPUTY TREASURER**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (Bus) \_\_\_\_\_ (Res) \_\_\_\_\_

**EASE READ CAREFULLY AND CHECK THE BOX IF IT APPLIES:**

☐ I do not plan to receive contributions or make expenditures in aggregate of more than \$1,000 during the election period. If I exceed the \$1,000 amount, I understand that I must submit the necessary Disclosure Reports. Failure to file the necessary Disclosure Reports is a violation pursuant to section 11-193(5), Hawaii Revised Statutes, and will result in a penalty.

hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

[Signature] 8/20/98

Candidate Signature Date

[Signature] \_\_\_\_\_

Treasurer Signature Date